

OPTN Ad Hoc International Relations Committee

Meeting Summary

January 24, 2023

Conference Call

Pramod Bonde, MD, Chair

Peter Stock, MD, Vice Chair

Introduction

The OPTN Ad Hoc International Relations Committee met via Citrix GoToMeeting teleconference on 01/24/2023 to discuss the following agenda items:

1. Project Update: *Best Practices for Managing International Living Donations in the U.S*
2. Outline Sections of Guidance Document: *Best Practices for Managing International Living Donations in the U.S*

The following is a summary of the Committee's discussions.

1. Project Update: *Best Practices for Managing International Living Donations in the U.S*

The Committee heard a project update on Best Practices for Managing International Living Donations in the United States.

Summary of discussion:

There were no further discussions.

Next steps:

The Committee's project idea is slated to go to the Policy Oversight Committee next month for project approval.

2. Outline Sections of Guidance Document: *Best Practices for Managing International Living Donations in the U.S*

The Committee discussed a potential outline for the guidance document.

Summary of discussion:

The Vice-Chair stated that it is essential to include guidance on if undocumented parents and children can donate in the U.S. Another member noted that the article: *Evaluation and Care of International Living Donor Candidates: Strategies for addressing Common Considerations and Challenges*, could serve as an example for the guidance document and suggested that the Committee could develop a similar document without emulating the article or provide best practices for considering such practices.

Another member inquired how the Committee could best use the literature to help develop a guidance document. The member explained that the article is comprehensive, discusses challenges associated with the evaluation process, and recommends that the Committee consider incorporating the findings into the guidance document.

Another member suggested the Committee could create a more structured resource like appendices or a “how to” document that could incorporate information and resources for multi-language materials, country-specific issues, and communication and follow-up logistics.

Another member pointed out the difficulties with post-donation follow-up and that it’s essential to establish connections to other countries’ medical facilities before transplantation to ensure that the living donor can be contacted and receive appropriate follow-up. Another member noted that it might be challenging to communicate with another country’s program, given the staff turnover. The member clarified that a strategy is needed to help collect contact information for follow-up outside the transplant program.

Another member noted that in the past, international donors have traveled from Saudi Arabia, Mexico, and other countries and inquired if there are current ways to disseminate information about the healthcare systems so that centers have an idea of what the post-donation follow-up system looks like, or if there were resources that could be used to help other countries understand the follow-up process. The Vice-Chair explained that when a living donor is accepted, it may be helpful to include guidance on encouraging the transplant center to have a contact staff for follow-up purposes so that the center has as much information post-transplant so the patient can be contacted to gather the data required for the post-donation follow-up.

A member mentioned that the assessment of coercion is an important topic and wondered if there are geographic, cultural, or logistical challenges when conducting the evaluation that the Committee could advise on. A member stated that the coercion assessment is part of the psychosocial evaluation and suggested that the Committee could provide references for the psychosocial evaluation of living donors, which could include the potential for coercion.

A member pointed out that not all transplant programs will have established guidelines for evaluating living donors, and their center does not have a formal process and is time-consuming. Another member mentioned that their center does not have formal guidelines for caring for international living donors. The kidney team receives living donor applicants at their program daily; however, only a few follow through with the process. This may be due to the potential donor registering online, and when a staff follows up with the potential donor, they do not answer or return calls. Also, it may be difficult to transcribe medical records into English during the evaluation process.

Another member asked if there is any data on transplant centers that transplanted organs from non-citizens/non-resident living donors. Also, having the number of people who contact centers may be beneficial compared to the number of international living donor transplants performed.

A member asked how living donors are captured in the system. A member replied that transplant centers are responsible for capturing and submitting this data. A member stated that post-donation follow-up should be included in the guidance document. At their program, regarding post-donation, the patient returns to their country of origin with information about when ultrasounds and other labs should be completed and where to send them. However, contact with the physician’s office in the patient’s country of origin has not been established.

Next steps:

The Committee will continue to develop an outline for the guidance document.

Upcoming Meeting

- February 28, 2023

Attendance

- **Committee Members**
 - Peter Stock
 - Sylvia Villalon
 - Eliana Agudelo
 - Chang Lui
 - Nancy Long
 - Scott Sanoff
 - Barry Friedman
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
- **UNOS Staff**
 - Tamika Watkins
 - Robert Hunter
 - Susan Tlusty
 - Krissy Laurie